

Kentucky Department for Environmental Protection  
Division of Waste Management  
Underground Storage Tank Branch  
300 Sower Boulevard – Frankfort KY 40601  
(502) 564-5981

FOR OFFICIAL USE ONLY –  
DO NOT WRITE IN THIS SPACE

**DRAFT**

### UST Groundwater Monitoring Checklist

Date Form Completed

/ /

#### 1. UST Facility Information

Agency Interest Number (AI)

UST Facility Physical Address

Street Address:

City:

County:

Zip Code:

-

UST Facility Location (Coordinates)

Latitude:

Longitude:

#### 2. UST System Owner Information

UST System Owner Name

UST System Owner Mailing Address

Street Address:

City:

State:

Zip Code:

-

UST System Owner Contact Information

Phone: ( ) -

Alternate Phone: ( ) -

Email:

#### 3. Property Owner Information

Property Owner Name

Property Owner Mailing Address

Street Address:

City:

State:

Zip Code:

-

Property Owner Contact Information

Phone: ( ) -

Alternate Phone: ( ) -

Email:

#### 4. Site-Specific Details

Release/Incident Numbers and Dates

1.

2.

Applicable Regulation

☐ 2018 Regulation

☐ Backlog Regulation (effective prior to 4/18/94)

##### Soil Screening Levels (per Classification Guide)

###### On-Site

###### Off-Site

- ☐ Class A  
☐ Class A Adjusted  
☐ Class B Soil Matrix Table 1  
☐ Class B Soil Matrix Table 2  
☐ Class B Soil Matrix Table 3  
☐ Backlog Levels  
☐ Other – Variance Approved

- ☐ Class B Soil Matrix Table 1  
☐ Class B Soil Matrix Table 2  
☐ Class B Soil Matrix Table 3  
☐ Backlog Levels  
☐ Other – Variance Approved

##### Groundwater Screening Levels (per Classification Guide)

###### On-Site

###### Off-Site

- ☐ Groundwater Table 1  
☐ Groundwater Table 2  
☐ Groundwater Table 3  
☐ Backlog Levels  
☐ Other – Variance Approved

- ☐ Groundwater Table 1  
☐ Backlog Levels  
☐ Other – Variance Approved

#### 5. Current Site Details

Soil Contamination

Confirmed above applicable screening levels?

On-Site: ☐ Yes ☐ No

Off-Site: ☐ Yes ☐ No

Groundwater Contamination

Confirmed above applicable screening levels?

On-Site: ☐ Yes ☐ No

Off-Site: ☐ Yes ☐ No

AI \_\_\_\_\_

**Current Site Details** (continued from Section 5)

Free product encountered? ( <i>photographs provided</i> )	<input type="checkbox"/> Yes      Thickness (in): _____	<input type="checkbox"/> No
Vapors present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Site supplied by public water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Active or temporarily closed USTs on property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Aboveground storage tanks on property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other potential source(s) of contamination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were any monitoring wells not able to be sampled ( <i>e.g., missing, destroyed, inaccessible, etc.</i> )?	<input type="checkbox"/> Yes ( <i>photographs required</i> )	<input type="checkbox"/> No

**6. Attachments**

Site Map	<input type="checkbox"/> Yes ( <i>required</i> )
Groundwater Potentiometric Surface Map	<input type="checkbox"/> Yes ( <i>required</i> ) <input type="checkbox"/> N/A ( <i>less than three (3) monitoring wells gauged</i> )
Contaminant Isocontour Map(s)	Soil: <input type="checkbox"/> Yes <input type="checkbox"/> N/A
	Groundwater: <input type="checkbox"/> Yes <input type="checkbox"/> N/A
	Vapor: <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Soil analytical table	<input type="checkbox"/> Yes ( <i>required</i> ) <input type="checkbox"/> N/A
Groundwater analytical table	<input type="checkbox"/> Yes ( <i>required</i> )
Vapor analytical table	<input type="checkbox"/> Yes ( <i>required</i> ) <input type="checkbox"/> N/A
Groundwater gauging data table	<input type="checkbox"/> Yes ( <i>required</i> )
Concentration versus time plots	<input type="checkbox"/> Yes ( <i>required</i> )
Groundwater elevation versus time plots	<input type="checkbox"/> Yes ( <i>required</i> )
Monitoring well construction and/or plugging records	<input type="checkbox"/> Yes ( <i>required</i> ) <input type="checkbox"/> N/A
Monitoring well schematic drawings ( <i>installation/repair</i> )	<input type="checkbox"/> Yes ( <i>required</i> ) <input type="checkbox"/> N/A
Photographs of monitoring well installation/repair/abandonment	<input type="checkbox"/> Yes ( <i>required</i> ) <input type="checkbox"/> N/A
Analytical data sheets	<input type="checkbox"/> Yes ( <i>required</i> )
Chains of custody	<input type="checkbox"/> Yes ( <i>required</i> )
Disposal manifests and/or receipts	<input type="checkbox"/> Yes ( <i>required</i> ) <input type="checkbox"/> N/A

**7. Analytical Requirements**

Narrative describing groundwater sampling and handling procedures?	<input type="checkbox"/> Yes ( <i>required</i> ) <input type="checkbox"/> N/A
Trip blank analysis ( <i>BTEX water samples only</i> )	<input type="checkbox"/> Yes ( <i>required</i> ) <input type="checkbox"/> N/A
Field blank analysis ( <i>BTEX water samples only</i> )	<input type="checkbox"/> Yes ( <i>required</i> ) <input type="checkbox"/> N/A
Narrative description of any flagged, qualified, or anomalous data	<input type="checkbox"/> Yes ( <i>required</i> )

**8. Decontamination and Material Management**

Summary of decontamination procedures?	<input type="checkbox"/> Yes ( <i>required</i> )
Summary of handling and storage of investigation derived waste?	<input type="checkbox"/> Yes ( <i>required</i> )

**9. Conclusions**

Narrative describing current above ground physical conditions	<input type="checkbox"/> Yes ( <i>required</i> )
Discussion of current analytical results	<input type="checkbox"/> Yes ( <i>required</i> )

AI \_\_\_\_\_

**Conclusions** (continued from Section 9)

Discussion of data trends of all gauging and contaminant concentration data	<input type="checkbox"/> Yes (required)
Discussion of the dissolved phase groundwater plume (i.e., expanding, decreasing, stable)	<input type="checkbox"/> Yes (required)
Discussion on trends in groundwater flow?	<input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A (less than three (3) monitoring events)

**10. Recommendations**

Discussion of future actions (e.g., continued monitoring, additional wells, monitoring well repair or abandonment)	<input type="checkbox"/> Yes (recommendations provided – required)	<input type="checkbox"/> No
No Further Action	<input type="checkbox"/> Yes (recommendations provided – required)	<input type="checkbox"/> No
Interim Corrective Action	<input type="checkbox"/> Yes (recommendations provided – required)	<input type="checkbox"/> No
Corrective Action	<input type="checkbox"/> Yes (recommendations provided – required)	<input type="checkbox"/> No


**11. Report Certification**

☐ Check here if the person completing the form is the same as the P.E. or P.G. named below.

<b>Name of Person Completing Form</b>			
<b>Email</b>		<b>Phone Number</b>	(    )    -

Under the requirements of KRS Chapter 322 and 322A, this checklist and attached report shall be completed and signed by a P.E. licensed with the Kentucky Board of Licensure for Professional Engineers and Land Surveyors or a P.G. registered with the Kentucky Board of Registration for Professional Geologists.

I, the undersigned, under penalty of law, and in accordance with the provisions of KRS Chapter 322 or KRS Chapter 322A, as appropriate, hereby certify the submitted information, including all attached documents, is true, accurate and complete. KRS 224.99-010(4) provides for penalties for submitting false information, including the possibility of fine and imprisonment.

<b>Printed</b>			<b>Title</b>		
<b>Signature</b>			<b>Date</b>	/    /	
<input type="checkbox"/> Professional Engineer			<input type="checkbox"/> Professional Geologist		
License Number			Registration Number		
License Date			Registration Date		

If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at <http://waste.ky.gov/ust>. For copies of facility records please visit <http://eec.ky.gov/pages/openrecords.aspx> or email [DEP.KORA@ky.gov](mailto:DEP.KORA@ky.gov).